Competencies **a**nd **R**ecommendations for **E**ducating undergraduate nursing **S**tudents (CARES). 2) To evaluate End-of-Life-Nursing Education Consortium (ELNEC)-Undergraduate Curriculum's impact on student knowledge, satisfaction, perception of importance of palliative care education to clinical practice, and student preparedness as perceived by faculty.

Methods. In collaboration with Relias Learning, the ELNEC team developed the ELNEC-Undergraduate Curriculum, which is comprised of 6, 1-hour modules and is based on the AACN CARES document and NCP Guidelines for quality palliative care.

Results. During the first 18 months, 6,654 students have successfully mastered the content (scores of 80% or higher). Ninety-eight percent of the students responded "strongly agree" or "agree" to evaluation questions asking about level of satisfaction with the content, the technology and the importance to clinical practice. Six qualitative themes emerged from the open-ended questions and will be presented at the session. Data from 2018 faculty surveys demonstrate that the curriculum is preparing their students for primary palliative care.

Conclusion. Since January 2017, ELNEC has been changing the culture of nursing education by introducing primary palliative care in over 200 undergraduate nursing programs across the country. Evaluation data demonstrates the students' perceived importance of this palliative care training and faculty's perception that students are graduating prepared to provide primary palliative care.

Implications for Research, Policy, or Practice. Preparing nursing students to provide primary palliative care, across all clinical settings, to patients with serious illness and their families will help address the shortage of specialty palliative care clinicians and improve quality of care.

4:30–5:30 pm

Concurrent Sessions

The Ripple Effect: The Lasting Impact on a Hospital System After Caring For a Juvenile with ALS at the End of Life in a Tertiary Care Pediatric Hospital (FR471)

Dianna Yip, DO, Dell Children's Medical Center, Austin, TX. Kahla Gagne, MSN RN PNP, University Hospitals Rainbow Babies and Children's, Cleveland, OH. Andrea Scioscia, MD, Rainbow Babies and Children's Hospital, Cleveland, OH.

Objectives

- Discuss an interdisciplinary approach to caring for a hospice patient in an acute care hospital until end of life including an approach to symptom management.
- Describe the emotional impact, needs identified, and lessons learned among an interdisciplinary team as a result of caring for this patient.
- Synthesize the intricacies of an effective comprehensive curriculum for pediatric residents surrounding the end of life and describe the impact this has had on pediatric residents' and nurses' comfort at the end of life.

It is not often that one patient goes on to impact an entire hospital system. Lucy was a 16 year old female with Juvenile ALS, ultimately BIPAP dependent. Due to Lucy's anxiety and her mother's profession as a nurse, her family wished to remain at the hospital until the end of her life. Her experience required the entire hospital team to care for a hospice patient in a tertiary care inpatient setting.

Lucy was hospitalized for over 7 months where our care team witnessed her progressive decline until end of life. The complex situation required not only intricate symptom management but also long term family and care team support that was less familiar in an acute care setting.

A survey of the residents revealed sixty-four percent of our residents had experienced the death of at least one patient. Fifty-six percent of the residents had participated in an end of life discussion, while 72% rated their comfort level with these discussions as "very uncomfortable" or "somewhat uncomfortable." A need was identified to address the logistics of caring for dying patients and facilitating end of life discussions.

Lucy's case and the results above led to the development of our hospital's "end of life" curriculum. The six-part series utilized a multi-disciplinary approach to discuss topics related to death and dying. The series was facilitated by an interdisciplinary team and included families of deceased patients.

We will discuss the intricacies of caring for a terminal patient in the hospital, and how the development of and participation in a comprehensive curriculum has increased pediatric residents' and nurses' comfort at the end of life. In the data that is currently being collected, we will show how the curriculum is altering resident and nursing comfort in caring for dying children and their families.

Optimizing the Delivery of Home-Based Palliative Care: Experiences from PCORI's Ongoing Large Multi-Site Clinical Trials (FR472)

Neeraj Arora, PhD, PCORI, Washington, DC. Susan Enguidanos, PhD MPH, University of Southern California, Los Angeles, CA. Huong Nguyen, PhD RN, Kaiser Permanente Southern California, Pasadena, CA.

Richard Mularski, MD, Kaiser Permanente, Portland, OR. Corita Grudzen, MD MSHS FACEP, NYU Langone Health, New York, NY. Jennifer Temel, MD, Massachusetts General Hospital, Boston, MA. Joseph Greer, PhD, Massachusetts General Hospital Cancer Center, Boston, MA.

Objectives

- Discuss different approaches to expanding access to home-based palliative care among diverse patient populations being evaluated in PCORI-funded clinical trials.
- Discuss challenges and examine potential solutions for successfully conducting large scale, complex, multi-site palliative care clinical trials.

Patients with advanced illnesses and their caregivers have been shown to benefit significantly from palliative care services. However, access to comprehensive palliative care remains limited and in many communities is restricted to hospital consults or end-of-life hospice settings. Patients and caregivers report a significant unmet need for receiving palliative care where they live. In response to systematic reviews and priorities identified by a large multi-stakeholder group, the Patient-Centered Outcomes Research Institute (PCORI), in fiscal year 2017, invested over $80 million to fund 9 large, multi-site clinical trials focused on the delivery of community-based palliative care.

In this session we will discuss four of these trials that are evaluating different approaches to delivering palliative care to patients in their homes. These include:

- A trial in 10 Accountable Care Organizations that is comparing the effectiveness of in-person home-based palliative care (HBPC) versus palliative care delivered in clinic by trained primary care providers.
- A trial in 15 clinical sites from an integrated healthcare system that is comparing the effectiveness of an efficient, technology-supported model versus a standard in-person model of HBPC.
- A trial enrolling patients discharged from 9 emergency departments that is comparing the effectiveness of a nurse-led, telephonic case management model of delivering HBPC versus in clinic visits with palliative care specialists.
- A trial in 20 cancer centers that is comparing the effectiveness of delivering HBPC utilizing telemedicine versus in clinic visits with palliative care specialists.

Following an overview of the four trials, we will engage in a moderated panel discussion among the PIs of the studies and with the session attendees on the opportunities for expanding access to HBPC to diverse patient populations and challenges in conducting such large and complex trials that have the potential to generate evidence needed to transform the delivery of palliative care in the US.

Straddling Fee-for-Service and Value-Based Payment: Eight Ways to Keep Your Palliative Care Program Funded and Growing (FR473)

Tom Gualtieri-Reed, MBA BA, Spragens & Associates LLC, Chapel Hill, NC. Donna Stevens, MHA, Lehigh Valley Health Network, Allentown, PA.

Objectives

- Describe common challenges and barriers to funding a palliative care program across different payment models and funding sources.
- Identify four actions that a program can take to improve the likelihood of adequate funding and growth.
- Describe the basic building blocks of the business case for palliative care programs.

Are you struggling to get adequate staffing for your palliative care program? Have you been asked to begin seeing patients in the home or expand into the cancer center? Is your organization considering reducing or eliminating your program? Building the business case for your palliative care program is a continuous process and is particularly challenging during this period of shifts in reimbursement from fee-for-service to value-based payment.

This session will provide participants with practical actions they can take to tell their "value story" and align with organizational, payer, or other funder's goals. Using a palliative care program's experience, this interactive session will walk participants through this program's recent journey in going from being at risk of having their program funding reduced to a place where their organization has recognized its value and is growing its resources.

Through large group facilitated discussion this session will encourage participants to share their own experiences in building the business case for the resources they needed to sustain and grow their program, including what worked and what did not work.

Finally, the presenters will share business planning tools and practical steps for conducting a needs assessment and aligning the program's goals with their organization's or other funders' goals.

Sojourn's Scholars Present: In the Expert's Studio (FR474)

Toby Campbell, MD MS MSC, University of Wisconsin, Madison, WI. Abraham Brody, PhD RN ACHPN FAAN FPCN, NYU Rory Meyers College of Nursing, New York, NY. Elizabeth Lindenberger, MD, Icahn School of Medicine at Mount Sinai, New York, NY. Caroline Hurd, MD, University of Washington, Seattle, WA.